



# Texas Racing Commission

8505 Cross Park Drive, #110 Austin, TX 78754-4594

Phone (512) 833-6699 Fax (512) 833-6907

www.txrc.texas.gov

## INDIVIDUAL LICENSE APPLICATION

3 Page Application

**1A. ALL Applicants Must Complete this Section and Section 1B on Page 2.**

**To protect your personal identifiable information (PII) and any credit card information you provide, this page of your application will be shredded after data entry.**

First Name	Middle Name	Last Name	Nickname	
Date of Birth	Social Security #	E-mail Address	Driver's License #	Issuing State

### **CHARGE CREDIT CARD FOR FEE.**

**Complete this section ONLY if paying the license fees with a MasterCard or Visa**

<input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa # _____ Security Code# _____ (3 Digit number on the back of the card)	
Expiration Date _____	
Cardholder's Name (as it appears on card)	Cardholder's <i>billing</i> address for this credit card
By my signature I agree to pay the license fees for this application to the Texas Racing Commission according to my cardholder agreement.	
Cardholder's Signature	Date Signed



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LICENSE #

## INDIVIDUAL LICENSE APPLICATION

Term of license applies only to Jockey, Owner,  
Trainer, and Veterinarian licenses: ☐ 1 year  
☐ 2 years  
☐ 3 years

### OFFICE USE ONLY

PROCESSED BY:	DATE PROCESSED:	LICENSE FEE \$	F/P FEE: <input type="checkbox"/> \$43.50 <input type="checkbox"/> \$29.75	TOTAL FEE \$	CHECK # <input type="checkbox"/> MO <input type="checkbox"/> M/C <input type="checkbox"/> VISA
<input type="checkbox"/> NEW & RENEWAL TX920420Z (\$43.50) RECEIPT ATTACHED <input type="checkbox"/> FINGERPRINTER INITIALS: _____ <input type="checkbox"/> DATE HARD CARD MAILED: _____					
<input type="checkbox"/> RESUBMISSION - RENEWAL (\$29.75) VERIFIED SID #					
<input type="checkbox"/> REPRINT- (NO CHARGE) TCN RESUBMIT # _____					
ID type verified: <input type="checkbox"/> PRIMARY IDENTIFICATION Expiration date: _____ <input type="checkbox"/> SECONDARY IDENTIFICATION (2 OF THESE)					
<input type="checkbox"/> SUPPORT IDENTIFICATION (1 Secondary & 2 Supporting)					
EMR DATE: _____ EMR WILL EXPIRE ON: _____ MATERIAL SENT: <input type="checkbox"/> EMR LETTER <input type="checkbox"/> FINGERPRINT CARD <input type="checkbox"/> U E P FORM					
<input type="checkbox"/> APPLICATION <input type="checkbox"/> OTHER: _____					

### 1B. ALL Applicants Must Complete This Section AND Section 1A on Page 1.

License Type			For participation in: <input type="checkbox"/> Horse Racing <input type="checkbox"/> Greyhound Racing <input type="checkbox"/> Both Horse and Greyhound			
			If horse racing: <input type="checkbox"/> TB <input type="checkbox"/> QH <input type="checkbox"/> Arabian <input type="checkbox"/> Paint (check all that apply)			
First Name		Middle Name	Last Name		Nickname	Spouse's First, Middle, Last Name
Sex	Height	Weight	Race (W, B, A, I, O)	Hair Color	Eye Color	Place of Birth
Local Telephone ( )			Business/Cell Telephone ( )			Fax ( )
Local Address (Street, City, State, Zip)				Permanent Mailing Address if different from Local Address (Street, City, State, Zip)		

### YOU MUST PROMPTLY NOTIFY THE COMMISSION OF ANY CHANGE TO YOUR ADDRESSES AND/OR YOUR TELEPHONE NUMBERS.

A. Have you ever been licensed to participate in racing in another state? If YES, list states here:					<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Do you, or any person with whom you currently live, currently have a license SUSPENDED or REVOKED, or DENIED by the Texas Racing Commission or by any other state or racing jurisdiction? If YES, give details here:					<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Are you currently EXCLUDED from any racetrack by a Board of Stewards or Judges or by a Racing Association? If YES, give details here:					<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Have you been convicted of a 1st degree felony or a capital grade offense that you have not previously disclosed to the Texas Racing Commission? If YES, give details below.					<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Have you been convicted of any felony within the past ten years that you have not previously disclosed to the Texas Racing Commission? If YES, give details below.					<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Have you been convicted of a misdemeanor (except traffic violations) within the past four years that you have not previously disclosed to the Texas Racing Commission? If YES, give details below.					<input type="checkbox"/> YES <input type="checkbox"/> NO
QUESTION (C, D, E)	DATE OF CONVICTION	STATE CONVICTION OCCURRED	OFFENSE	SENTENCE/DISPOSITION/FINE OR OUTCOME	

Additional space for providing details is available on next page..

(Continued from page 2)

QUESTION (C, D, E)	DATE OF CONVICTION	STATE CONVICTION OCCURRED	OFFENSE	SENTENCE/DISPOSITION/FINE OR OUTCOME

**2. OWNERSHIP: If you are applying for any type of an OWNER'S license, you must provide the following information.**

Name of Owner as it Appears on Animal(s)' Registration Certificate:

Name of your Trainer(s):

Name of Greyhound Kennel(s) (Greyhound owners only):

Name of Horse/Greyhound as Listed on Registration Certificate:

If you are under the age of 18 and applying for any type of OWNER's license, your parent or legal guardian must complete this section.

**By signing below, I affirm that I am a parent or legal guardian of this applicant and acknowledge that I am responsible for all costs incurred for the training, stabling, kenneling, racing or other matters relating to the proper care of this applicant's race animal(s).**

Printed Name of Parent or Legal

Signature of Parent or Legal Guardian

Date Signed

**3. EMPLOYMENT: If you will be working in a position for a racetrack or a vendor that could influence racing and/or that requires access to the restricted areas of racetrack, or in any position for a trainer, you must have your supervisor complete this section.**

**SUPERVISOR: By signing below, you are recommending the employee receive a badge that will allow access to restricted areas of the racetrack in accordance with the Texas Racing Act, Section 7.01 - License Required.**

Name of Employer

Printed Name of Supervisor & License #

Supervisor's Title

Does this employee need access to restricted areas? ☐ YES ☐ NO  
have authority to hire and terminate employees? ☐ YES ☐ NO

Supervisor's Signature

Date Signed

**4. ALL APPLICANTS MUST READ AND SIGN THIS STATEMENT.**

I hereby authorize a review, full disclosure, and release of any and all records concerning myself to any officer, agent, or employee of the Texas Department of Public Safety or the Texas Racing Commission, whether the records are of a public, private, or confidential nature. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws; I further release the State of Texas, its officers, agents, and employees from any liability which may incur as a result of the collection or use of the information.

I understand that by accepting this license, I consent to searches of my person and property on the grounds of an association and seizure of paraphernalia, substances, or devices prohibited by the Texas Racing Act (V.T.C.S. Art. 179e) or a Rule of the Texas Racing Commission (16 Texas Admin. Code §301.1 et seq.). I further consent to testing for controlled substances or alcohol in accordance with the Rules of the Texas Racing Commission.

I authorize the Texas Department of Public Safety to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the Texas Racing Commission through the DPS Fingerprint-base Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I am fully aware that this application is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

TxRC Rule §311.209(b): A licensee shall promptly notify the Commission regarding any changes to the licensee's mailing address and telephone number.

**PROVIDING FALSE INFORMATION ON THIS APPLICATION OR OMITTING INFORMATION  
MAY RESULT IN CRIMINAL PROSECUTION PURSUANT TO TEXAS RACING ACT §14.06 AND TEXAS PENAL CODE §37.10.**

**YOU ARE ENTITLED TO KNOW ABOUT THE INFORMATION THAT THE TEXAS RACING COMMISSION COLLECTS ABOUT  
YOU, RECEIVE AND REVIEW THE INFORMATION, AND HAVE ANY INCORRECT INFORMATION CORRECTED.**

**THIS LICENSE IS GRANTED ON A TEMPORARY BASIS PURSUANT TO TEXAS RACING ACT, V.T.C.S. ART. 179e, §7.09. IT MAY  
BE DENIED OR REVOKED IN ACCORDANCE WITH THE TEXAS RACING COMMISSION'S RULES. FEES ARE NOT REFUNDABLE.**

Applicant's Signature

Date Signed by  
Applicant

**If Applicant is under the age of 18**  
Signature of Parent or Legal Guardian

Date Signed by Parent  
or Guardian

X

**NOTICE: If your license was issued as a condition of your job (Section 3) and your employment is terminated, you must immediately surrender your license badge to your employer or to the Commission. Surrendering the badge will not affect the status of your license, which will remain valid in Texas until the expiration date. Should you become re-employed in a similar position and you remain in good standing with the Texas Racing Commission, a license badge will be reissued to you.**